

involve a more extensive resection than perhaps is necessary for the type of polyp.

**Aim and Method:** We propose a novel technique of laparoscopic resection of benign caecal polyps using colonoscopy to assist and guide to the location of the polyp and then use laparoscopic stapling devices to locally resect the area of caecum containing the polyp. This is minimally invasive to the patient and they can be discharged the following day.

**Results:** Our series of 3 patients so far have all had a complete resection proven on histology and have recovered well with no complications.

#### 0489 DOES PREOPERATIVE LOCALISATION FOR TOTAL PARATHYROIDECTOMY IN PATIENTS WITH RENAL FAILURE IMPROVE OUTCOME?

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**Background:** Secondary hyperparathyroidism is a common complication of established renal failure (ERF). The aims of this study were to determine patient and operative characteristics which might predict persistent or recurrent hyperparathyroidism after surgery. To assess the influence of pre-operative imaging on the ability to locate and remove parathyroid glands during both the initial and repeat surgery.

**Methods:** A retrospective study of all chronic kidney disease patients requiring a total parathyroidectomy because of failed medical management from 1st January 1999 to 31st December 2008. Patient characteristics, preoperative imaging, medical treatment, operative findings, histology and patient outcome were all studied.

**Results:** 75 patients underwent total parathyroidectomy during this period were followed up for an average of 44.5 months. 61 (81%) had removal of all parathyroid glands with associated fall in parathyroid hormone level. Pre operative imaging was used in 15 patients (20%) and found to be unhelpful in directing surgery in 12 of 15 (80%) cases. Four patients underwent repeat parathyroid surgery for recurrent/persistent RHPT with pre operative imaging used in two cases.

**Conclusion:** A high success rate can be achieved without pre-operative imaging and is therefore not indicated prior to the first parathyroidectomy operation.

#### 0490 OESOPHAGECTOMIES CAN BE MANAGED WITHOUT ROUTINE HDU OR ITU ADMISSION

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**Introduction:** Traditionally patients are admitted to ITU or HDU as part of routine post Oesophagectomy care. Demand for critical care beds remains unpredictable and often exceeds supply. The 2010/2011 winter surge in swine flu has increased demand for critical care and national media has reported cases of elective surgery cancelled due to a shortage of critical care beds.

**Aim:** To review practices at Derriford Hospital, Plymouth where oesophagectomies are routinely managed on a dedicated upper GI surgery ward.

**Method:** Data from 71 consecutive Oesophagectomies, (performed 1st January 2008 - 31st December 2009) was collected retrospectively using case notes and electronic records.

**Results:** 71 Oesophagectomies were performed (male: female ratio 4.1:1). 54 Patients were transferred directly from theatre recovery to the upper GI surgery ward (76%), 17 went directly to HDU or ITU (24%). There was no statistically significant difference in age or tumour stage between ward managed and critical care groups. There was no statistically significant difference in total post-operative length of stay. Overall in-patient and 30 day mortality were both 2.8%.

**Conclusion:** The majority of oesophagectomies can be managed without routine critical care with no increase in in-patient or 30 day mortality compared to national oesophago-gastric cancer audit data.

#### 0493 ASSOCIATION BETWEEN PATENT FORAMEN OVALE & ACUTE SUPERIOR MESENTERIC ARTERY OCCLUSION: IMPLICATIONS FOR INTESTINAL TRANSPLANTATION

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UK; <sup>1</sup>Oxford Heart Centre, Oxford, UK; <sup>1</sup>Oxford Transplant Centre, Oxford, UK

**Background:** Acute vascular catastrophe of the mid gut resulting in intestinal failure is a common diagnosis in adult patients presenting for intestinal transplantation. Acute occlusion of the superior mesenteric artery (SMA) is associated with arterial embolic events secondary to atrial fibrillation, valvular defects and thrombophilia. Patent Foramen Ovale (PFO) may present with acute embolic events i.e. cryptogenic stroke. Association of PFO with acute SMA occlusion has not been previously reported.

**Method:** From 06/2008–11/2010, 17 patients were listed for intestinal transplantation at Oxford Transplant Centre. Patients listed due to acute SMA occlusion underwent thrombophilia screening and bubble contrast echocardiography in addition to transthoracic echocardiography. Detectable PFOs were closed with transcatheter transluminal prostheses.

**Results:** 35% (n=6) suffered acute SMA occlusion. Within this cohort, 50% (n=3) had PFOs. 33% (n=2) demonstrated thrombophilia. 75% (n=3) with SMA occlusion without thrombophilia, had PFOs.

**Conclusion:** There is an association between PFO and acute SMA occlusion in potential intestinal transplant recipients. 75% with acute SMA occlusion and no other embolic aetiology had PFOs, compared to probe patency incidences of 15–35% reported in the general population. This study identifies treatable pathology which could result in further embolic events post-transplantation. During preoperative assessment we recommend investigating for PFOs, so to close defects pre-transplantation.

#### 0494 DO WE CONSENT OUR PATIENTS UNDERGOING ABDOMINAL SURGERY FOR THE RISK OF DEVELOPING POST-OPERATIVE ADHESIONS?

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**Aim:** Laparotomy is associated with many postoperative risks including adhesions which should be included on the consent for the surgery. Aim of our study was to review the consent forms, taken from patients undergoing laparotomy, for the record of risks of postoperative adhesions related to surgery.

**Method:** Data was collected prospectively including all admissions for laparotomy, between February–August 2010, at the district general hospital. Consent forms were analysed for patient demographics, the grade of the consenting doctor and record of the adhesions among the post operative risks.

**Results:** One hundred fourteen patients underwent laparotomy, median age was 68.5 years (range: 17–91), 64 were females. In 54 cases operation was scheduled as elective. Thirty two patients (28%) had previous laparotomy or intra-abdominal surgery. Adhesions were documented in two (1.7%) cases by Consultant Surgeons only. Core Surgical (n=18) and Higher Surgical Trainees (n=79) consented remaining patients, however none of them included adhesions as a post operative risk.

**Conclusion:** This study highlighted deficiencies in current consent practice which is a complex medico-legal process. Consent is required to provide patients with accurate information regarding surgery and should include risk of the postoperative adhesions. To improve the process of consenting more training should be delivered for surgical trainees.

#### 0498 PERCEPTION AND PRACTICE OF JUNIOR SURGEONS REGARDING SMOKING CESSATION IN THE SURGICAL PATIENTS

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**Aims:** Smoking is a well known risk factor in development of various medical and surgical conditions, costing the National Health Service approximately 1.5 billion pounds a year. Doctors' advice has been considered vital in promoting smoking cessation. The aim of this study was